PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

Application or Docket Number 09/3/65/5

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	^=	OTHER		
F	OR		NUMBER FILED			NUMBER EXTRA			RATE	FEE	or 1	SMALL	FEE	
R/	SIC FEE			FWF ALLE					MAIL	380.00	1		760.00	
_					20=		1			300.00	OR	to a defendant out and		
-	TAL CLAIMS		प	minus					X\$ 9=		OR	X\$18=	1278	
INDEPENDENT CLAIMS 7 minus 3 = * 4									X39=		OR	X78=	<i>31</i> 2	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	2350	
CLAIMS AS AMENDED - PART II 2-2-0! (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESI		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	. C	11	Minus	##	91	-		X\$ 9=		OR	X\$18=		
	Independent	•	7	Minus	***	7	-		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=		
TOTAL 1-9-02 ADDIT. FEE										OR	TOTAL ADDIT, FEE			
			umn 1)	· .		olumn 2)	(Colum				_			
ENDMENT B		REM AF	AIMS AINING TER IDMENT		N PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESE EXTE		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 9	/	Minus	** 4	91			X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* -	7	Minus	***	7			X39=		OR	X78=		
	THOTFILOE			JETH CE DE			<u>.</u>		+130=		OR	+260=		
							12.	16-02-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Colu	ımn 1)		(Co	iumn 2)	(Colum	in 3)						
AMENDMENT C		REM/	AIMS AINING TER DMENT		PRE	GHEST UMBER VIOUSLY VID FOR	PRESE		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	• 9	/	Minus	**	9/			X\$ 9=	j	OR	X\$18=	ĺ	
AME	Independent		7	Minus	***	7	-		X39=		OR	X78=		
	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	ENDE	NT CLAIM			+130=		ı	.000		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR (+260=		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE														

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Application or Docket Number 09/3/65/5

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			Q	minus	20=	. 11			X\$ 9=		OR	X\$18=	1218
INE	DEPENDENT C	LAIMS	-7	minus	3 =	• 4			X39=		OR	X78=	312
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	<u> </u>	OR	TOTAL	2350
CLAIMS AS AMENDED - PART II 5-9-03											_	OTHER	THAN
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REM A	AIMS AINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 9		Minus	**	9/			X\$ 9=		OR	X\$18=	
	Independent	* "	N OF MI	Minus	FNI				X39=		OR	X78=	
·.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 7-2-04								+130=		OR	+260=	
									TOTAL IDDIT, FEE		OR	TOTAL ADDIT, FEE	
٠.		1 ~	DDII. FEE		•								
AMENDMENT B		CL REM A	umn 1) AIMS AINING TER IDMENT		PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	/	Minus	**	91			X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* 7	N OF M	Minus	###	/			X39=		OR	X78=	
	rinoi PNEOL		NOT INC	JEI IF CE OCF		CITI ODAIN			+130=		OR	+260=	
											OR ,	TOTAL ADDIT, FEE	
			ımn 1)		_		(Column 3)	ı _	DDIT. FEE		, , , , , , , , , , , , , , , , , , ,		
ENTC		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•		Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	11.05.14	Minus	***		•		X39=		OR	X78=	-
	FIRST PRESE	NIAIIO	N OF MU	ILTIPLE DEP	מאפ	ENI CLAIM		r	+130=		ı	+260=	
• H	the entry in colur	nn 1 is ie	ss than th	e entry in colur	nn 2,	write "0" in colu	ımn 3.	L	TOTAL		OR [TOTAL	
	f the "Highest Nur f the "Highest Nur							AE	DIT. FEE		OR A	DOIT. FEE	
""If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1.													